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30623 7590 12/29/2003

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
AND POPEO, P.C.
ONE FINANCIAL CENTER
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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/546,269	04/10/2000	Thomas Hunziker	17811-014 CIP (M-14 CIP)	3066

TITLE OF INVENTION: IMPROVED KERATINOCYTE CULTURE AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	03/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WITZ, JEAN C	1651	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
Ivor R. Elrifi, Esq.
Christina K. Stock, Esq.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EPITECH SA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tortola, British Virgin Islands

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 30-0311 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Christina K. Stock (Date) 3/3/04

Christina K. Stock, Reg. No. 45,899

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

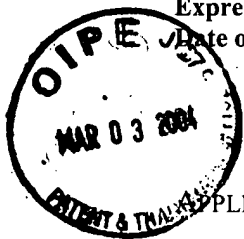
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Date of Deposit: March 3, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Hunziker *et al.*

SERIAL NUMBER: 09/546,269

EXAMINER: Witz, Jean C.

FILING DATE: April 10, 2000

ART UNIT: 1651

FOR: IMPROVED KERATINOCYTE CULTURES AND USES THEREOF

March 3, 2004
Boston, Massachusetts

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Issue Fee Transmittal [1 pg.];
- ☒ Check No. 18157 in the amount of \$695.00 (\$665.00 for Issue Fee and \$30.00 for ten (10) advance copies of patent);
- ☒ Return Postcard.

Although Applicants believe that no fees are due in connection with this submission, the Commissioner is authorized to charge any deficiencies to Deposit Account No. 50-0311 (Reference No. 17811-014 CIP (M-14 CIP)).

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

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